		•		•					¢	7058.00 (D.
Under the Pape	Priorix Reduction Act	of 1995, c	no beunous sus te	culted to reson	nd t	U.S. Peters and		for use to Mice; U.S.		
P	ATENT APPL	CATIO	N FEE DET	ERMINATI	O	N RECORD		0000	ptopo a vato OM micro or Doctori	B cortmi
<u> </u>		Subst	Evte for Form F	710-875	_			10	1661	3/5
I	CHAIMS A	S EN ER	0407/						1 424	712
CLAIMS AS FILED - PART (Cotumn 2)						CLEAN		od.		ER THAN
				Cotton 2)	_	3800	EMITY	- ~	SMAL	T ENTILA
FOR BASIC FEE	MUM	EER ALEC	NAUM	USER EXTRA	╛	RATE	FEE	ı	RATE	~
(37 CFR 1.18(a))					7		1.	٦		- FEE
G7 OFR 1,15(d)	1	14 minus 20			7	<b>-</b>	<del> </del>	-  OR	<b></b>	<del> </del>
INCEPENDENT CI	ADES -	// ************************************			4	**	↓	_ cx	¥ 8'e	1
D7 CFR 1,10(b))		- minus	3 = .		1	x	1	0.00	- 21 =	
MALTIPLE DEPEN	DENT CLAIM PRESE	ent.	(37 CFR 1,15(4)		7			- T	+	<del> </del>
							-	_  OR	+5=	<u> </u>
the ofference	n column 1 is less ()	uan zem, e	miler 😙 in colum	n 2		TOTAL	1	OR	TOTAL	
W/S not	CLAIMS AS AN	ENIDER	\- BART !!					J •	1012	<u> </u>
19.	ת שליים	ENDEC	- PART II							
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d	CLAUKS	T	HIGHEST	7	7	Similar	EMITY	٦	SMALL	LENTITY
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~W	MICHIDIANT	L	PAID FOR			I	TIONAL	1		TIONAL
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FRIST PRESENTATION OF MILITURE DEPENDENT CLAM (27 CFR 1.16(4))							l	OR	+:	
111014	<b>/</b>				-	TOTAL		1	TOTAL	12-71
リリ <i>の10</i>	2					ADD'L FEE	<u> </u>	j or	ADD'L FEE	120
	(Cotumn 1)		(Column 2)	(Column 3)	_				•	
<b>6</b>	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	l	RATE	ADOI-	]		T
뉟	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			MONAL	1	RATE	TIONAL
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		motos	3	•		XL -		OR	X \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))								· ·	<del>^`</del>	<b></b>
(37,046.7.16(8))						TOTAL		OR	+3=	
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01//	CLAIMS		HIGHEST	(e-camp) 3)	ì		<del></del>	1		
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Z /2-706	AMENDMENT		PAID FOR	/	:		TIONAL FEE			TIONAL
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FIRST PRESEN	TATION OF MULTIPLE	DEPENDE	MT CLAIM (37 CF	R 1.15(d))			-			<u> </u>

FREST PRESENTATION OF SHATTER DEPONDENT CLASS (3/CPX 1.10(0))

107AL
ADDT FEE
OR TOTAL
ADDT FEE
OR COMPLETED FORMS TO THIS
ADDRESS, SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADDL FEE

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.